

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	TRANSMITTAL NUMBER 93-44	STATE Missouri
	PROGRAM IDENTIFICATION Title XIX	
	PROPOSED EFFECTIVE DATE October 1, 1993 December 18, 1993	

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

42 CFR 447

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A
Page 12c (NEW)

NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT

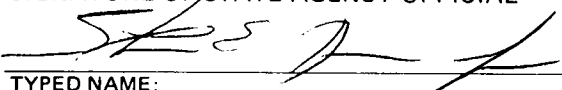
~~Attachment 4.19-A~~

SUBJECT OF AMENDMENT Inpatient Hospital Services Reimbursement Plan change implemented to be effective during the October - December, 1993 quarter. This change expands disproportionate share hospitals to include high volume (top 15) hospitals with 35% Medicaid nursery utilization.

GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ^{2P} ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

SIGNATURE OF STATE AGENCY OFFICIAL



TYPED NAME:

Gary J. Stangler

TITLE:

Director, Department of Social Services

DATE:

December 21, 1993

RETURN TO:

Division of Medical Services
P.O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

12/22/93

DATE APPROVED

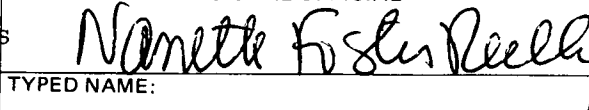
AUG 02 2001

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

12/18/93

SIGNATURE OF REGIONAL OFFICIAL



TYPED NAME:

Nanette Foster Reilly

TITLE:

Acting
ARA for Medicaid & State Operations

REMARKS:

SPA CONTROL

Date Submitted 12/21/93
Date Received 12/22/93

- H. Effective for inpatient admissions beginning on or after December 18, 1993, hospitals which meet all of the criteria specified within this subsection VI.H. shall qualify as first tier disproportionate share.
- (1) The hospital provides non-emergency obstetric services in accordance with paragraph VI.A.1.
 - (2) The hospital ranks in the top fifteen (15) in the number of Medicaid patient days provided by that hospital compared to Medicaid patient days provided by all hospitals.
 - (3) The hospital has a Medicaid nursery utilization ratio of greater than thirty-five percent (35%) as computed by dividing Title XIX nursery and neonatal days by total nursery and neonatal days.
 - (4) Data from the desk reviewed fiscal year 1991 cost report shall be used to determine the criteria specified in paragraph VI.H.(2) and VI.H.(3). Qualifying providers shall be determined effective December 18, 1993, and annually thereafter on July 1, based on the third prior year cost report.

State Plan TN# 93-44
Supersedes TN# N/A

Effective Date December 18, 1993
Approval Date AUG 02 2001

**INSTITUTIONAL STATE PLAN AMENDMENT
ASSURANCE AND FINDING CERTIFICATION STATEMENT**

STATE: Missouri

TN - 93-44

REIMBURSEMENT TYPE: Inpatient hospital X

PROPOSED EFFECTIVE DATE: December 18, 1993

A. State Assurances and Findings. The State assures that it has made the following findings:

1. 447.253 (b) (1) (i) - The State pays for inpatient hospital services through the use of rates that are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide services in conformity with applicable State and Federal laws, regulations, and quality and safety standards. _____
2. With respect to inpatient hospital services - -
 - a. 447.253 (b) (1) (ii) (A) - The methods and standards used to determine payment rates take into account the situation of hospitals which serve a disproportionate number of low income patients with special needs. _____
 - b. 447.253 (b) (1) (ii) (B) - If a state elects in its State plan to cover inappropriate level of care services (that is, services furnished to hospital inpatients who require a lower covered level of care such as skilled nursing services or intermediate care services) under conditions similar to those described in section 1861 (v) (1) (G) of the Act, the methods and standards used to determine payment rates must specify that the payments for this type of care must be made at rates lower than those for inpatient hospital level of care services, reflecting the level of care actually received, in a manner consistent with section 1861 (v) (1) (G) of the Act. _____

If the answer is "not applicable," please indicate:

Rev 2 (4/12/95)

State Plan TN# 93-44 Effective Date 12/18/93
Supersedes TN# _____ Approval Date AUG 02 2001

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- c. 447.253 (b) (1) (ii) (C) - The payment rates are adequate to assure that recipients have reasonable access, taking into account geographic location and reasonable travel time, to inpatient hospital services of adequate quality. _____
4. 447.253 (b) (2) - The proposed payment rate will not exceed the upper payment limits as specified in 42 CFR 447.272:
- a. 447.272 (a) - Aggregate payments made to each group of health care facilities (hospitals, nursing facilities, and ICFs/MR) will not exceed the amount that can reasonably be estimated would have been paid for those services under Medicare payment principles. _____
- b. 447.272 (b) - Aggregate payments to each group of State-operated facilities (that is, hospitals, nursing facilities, and ICFs/MR) - - when considered separately - - will not exceed the amount that can reasonably be estimated would have been paid for under Medicare payment principles. _____

If there are no State-operated facilities, please indicate "not applicable." _____

- c. 447.272 (c) - Aggregate disproportionate share hospital (DSH) payments do not exceed the DSH payment limits at 42CFR 447.296 through 447.299.
- d. Section 1923 (g) _ DSH payments to individual providers will not exceed the hospital-specific DSH limits in section 1923(g) of the Act. _____

B. State Assurances. The State makes the following additional assurances:

1. For hospitals - -
- a. 447.253 (c) - In determining payment when there has been a sale or transfer of the assets of a hospital, the State's methods and standards provide that payment rates can reasonably be expected not to increase in the aggregate solely as a result of changes of ownership, more than payments would increase under Medicare under 42 CFR 413.130, 413.134, 413.153 and 413.157 insofar as these sections affect payment for depreciation, interest on capital -indebtedness, return on equity)if applicable), acquisition costs for which payments were previously made to prior owners, and the recapture of depreciation.

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3. 447.253 (e) - The State provides for an appeals or exception procedure that allows individual providers an opportunity to submit additional evidence and receive prompt administrative review, with respect to such issues as the State determines appropriate, of payment rates. _____
4. 447.253 (f) - The State requires the filing of uniform cost reports by each participating provider. _____
5. 447.253 (g) - The State provides for periodic audits of the financial and statistical records of participating providers. _____
6. 447.253 (h) - The State has complied with the public notice requirements of 42 CFR 447.205.

Notice published on:

Dec. 17, 1993

If no date is shown, please explain:

-
-
7. 447.253 (i) - The State pays for inpatient hospital services using rates determined in accordance with the methods and standards specified in the approved State plan. _____

C. Related Information

1. 447.255 (a) - NOTE: If this plan amendment affects more than one type of provider (e.g., hospital, NF, and ICF/MR; or DSH payments) provide the following rate information for each provider type, or the DSH payments. You may attach supplemental pages as necessary.

Provider Type: Hospital

For hospitals: The Missouri Hospital Plan includes DSH payments in the estimated average rates. However, the DSH payments included in the estimated average rates do not represent the total DSH payments made to hospitals under the Missouri Medicaid Plan.

RH-DSH included

Assurance and Findings Certification Statement
Page -4-

State Missouri
TN 93-44

Estimated average proposed payment rate as a result of this amendment:
\$ 646.82

Average payment rate in effect for the immediately preceding rate period:
\$648.75

Amount of change: \$1.93 Percent of change: 0.3%

Estimated DSH payments not in average payment rate as a result of this amendment: \$

Estimated DSH payments not in average payment rate immediately preceding amendment: \$

Amount of change: \$0.00 Percent of change: 0.00%

2. 447.255 (b) - Provide an estimate of the short-term and, to the extent feasible, long-term effect the change in the estimated average rate will have on:
- (a) The availability of services on a statewide and geographic area basis:
This amendment will not effect the availability of short-term or long-term services.
 - (b) The type of care furnished: This amendment will not effect hospital services furnished to Medicaid eligibles.
 - (c) The extent of provider participation: This amendment will assure recipients have reasonable access taking into account geographic location and reasonable travel time to inpatient hospital services.
 - (d) For hospitals - - the degree to which costs are covered in hospitals that serve a disproportionate number of low income patients with special needs:
It is estimated that disproportionate share hospitals will receive 100% of its Medicaid cost for low income patients with special needs.